



The Entrant agrees to maintain the price designated below for six months after closing date of exhibition.

Artist NELL RIBA (Please print plainly)

Telephone No. GA. 1-8274 Address 1909 WADENA AVE. E. CLEVELAND, 12

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

EDITIONS AND NUMBER FOR SALE	PRICE	TITLE (PRINT PLAINLY)	CLASS	DO NOT WRITE IN THESE COLUMNS
Migue	54.00	Bowl # 1	19	2349 RL
//	5.00	# 2	19	2350 12
//	88.00	# 3	19	2351 1
//	8 %.00	" # 4	19	2352
	106.00	" # 5	19	2353 R
-//	12 7.00	" # 6	19	2354AL
11	7.00	" # 7	19	
//	8.00	" # 8	19	
- //	8.00	" # 9.	19	
/1	10.00	" # 10	19	
	,			

## Permission to print prices on labels granted unless declined here

Entry blanks must be filled out and returned to the Museum between March 1 and April 3. Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 7 to April 14 (except Sunday).

LIST OF CLASSES ON BACK